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The Psychiatric Significance of Dermatitis Artefacta

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Summary. A total of 71 patients (12 males and 59 females) who attended the University Skin Clinic of Basle in the years 1956-1982, have been investigated by a dermatologist, a psychiatrist and a psychologist. Among 55 female patients (group I and II) 14 had a suicide attempt in their history. Of the 39 female patients of group I 25 (64%) had suffered from a stressful childhood event. Of group I (39 female patients) 19 (48.7%) had had psychiatric therapy in the past or at the time of investigation; 23 patients (59%) had suffered from depressions either in the past or at the time of investigation. Among group II (16 patients) 11 (68.7%) had had psychiatric therapy in the past or at the time of investigation. The psychological test investigation (Colour Pyramid Test and Rosenzweig Picture-Frustration Test) revealed artefact patients to be in a state of considerable depressive-aggressive tension without being able to handle their emotions and impulses in an adequate manner.

Key words: Dermatitis artefacta (Artefakt) - Masked Suicidal Act - Suicide - Depression - Testpsychological Investigations - Autoaggressive Impulses

Introduction

Dermatitis artefacta – dermatological artefacts – are skin lesions produced by a person without the intent of killing himself or herself. The patients with a dermatologic artefact go to the doctor complaining of skin lesions which they claim have developed spontaneously. These patients seek help by showing a "somatic" disease, though the roots are to be found in the psychic area. As dermatitis artefacta always means a destroying of a part of the body (at least of a part of the skin), this disease can be interpreted as a "focal suicide" or a "masked suicidal act". Artefacts are a typical example of a psychosomatic disease, as psychic processes are expressed in somatic ones.

The aim of our study is to elucidate which personality structure and what kind of psychogenic disturbances prevail in these patients and whether common traits can be found in the whole group, that is, whether pathognomonic characteristics are present. A comparison between dermatitis artefacta and suicidal acts will be discussed, as there is a great deal of literature on dermatitis artefacta, but only few references that consider the links to suicidal acts.

Methodology

All patients who had been treated for dermatitis artefacta in the University Skin Clinic Basle since 1956 were invited for a follow-up examination in 1981/82. New patients with dermatitis artefacta were included in the study. Thus the duration of catamnesis varies from 0 to 25 years.

Table 1. Dermatitis artefacta patients 1956-1982

	Male	Female
1. Number of patients investigated in the present study	3	39 = group I
2. Number of patients invited for follow-up who refused to attend	2	16 = group II
3. Number of patients who had died	3	1
4. Number of patients who were not invited for medical reasons (blind, deaf-mute)	3	2
5. Number of patients no longer traceable	1	1
Total number of patients	12 ♂	59 ♀

The patients (Table 1) were clinically examined by a dermatologist. A psychiatrist interviewed the patients, the interview being based on a specially devised questionnaire, and a psychologist tested the patients by means of the Colour Pyramid Test (CPT, Heiss and Halder 1975) and the Rosenzweig Picture-Frustration Test (Rosenzweig 1945, Rauchfleisch 1979).

Table 1 shows all the patients on whom the present study is based. Group II was evaluated on the basis of the dermatological and psychiatric records and on additional information obtained from the patients or their relatives by telephone. Of the 39 female patients of group I, 9 were explored for the first time for dermatitis artefacta.

Results

The average age of the female patients with dermatitis artefacta was 39.5 years at the time of our investigation in 1981/82 in group I, and in group II 33.4 years. The marital status of the 55 women (groups I and II) is given in Table 2.

The first artefact was frequently produced at an early age. The age curve of the female patients who undertook a suicide attempt for the first time in their life is similar to the age curve of the first artefact (Table 3, Fig. 1).

Table 2. Marital status of 55 women with dermatitis artefacta

Married	25
Single	21
Widowed	2
Separated	2
Divorced	5

Table 3.

Group I (39 female patients):	10 suicide attempts
Group II (16 female patients):	4 suicide attempts
Group I and II (55 female patients):	14 suicide attempts (25.4%)

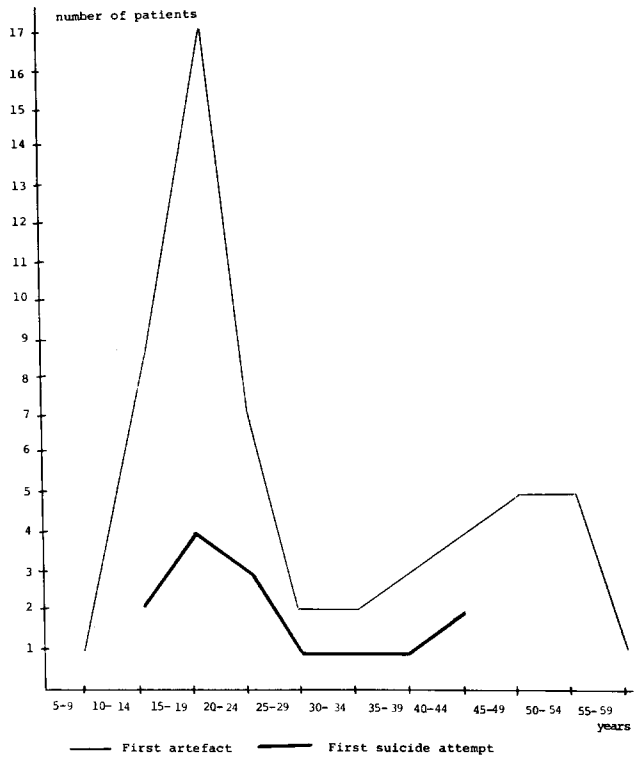

Fig. 1. Age of first artefact and first suicide attempt

Suicide Attempts, Operations and Accidents

Of the 14 patients with a suicide attempt (group I and II), 13 patients (92.9%) had a positive history with regard to operation (e.g. breast tumour surgery, appendectomy, hysterectomy) and/or accident. Of the 10 female patients of group I (39 patients) with a suicide attempt, 6 patients (60%) had a positive history with regard to operation *and* accident.

Of 24 patients over the age of 30, 11 had undergone hysterectomy (45.8%). In a corresponding control group matched for age and sex of 21 patients (patients from the University Skin Clinic without artefacts), only 14.3% had undergone hysterectomy.

Family

The following data are presented to give a description of certain tendencies in the family situation of our patients, though we cannot compare our data with a control group. Among 39 female patients (group I) 5 came from families with 4 to 5 children, and a further 13 from families with more than 5 children. In group II the number of siblings is only known for 8 of the women; 3 of them came from families with 4 or 5 children, and 3 others from families with more than 5 children.

Taking the two groups together (39 and 8 women) 8 women came from families with 4 or 5 children, 16 women from families with more than 5 children. Of 47 female patients 24 came from families with more than 3 children. There is a tendency among these women to be the last-born child, or at least to be in the middle or towards the end of the sequence of children.

Table 4. Stressful childhood events in 39 female patients (group I)

I Birth complications	8 females (20.5%)
II Early neurotic symptoms including feelings of isolation and death wish	20 females (51.3%)
III Broken-home situation: Death of or disturbed relationship with at least one of the parents	17 females (43.6%)
Female patients who suffered either from I, II or III	25 females (64%)

Table 4: Among the birth complications premature birth is included. Among the early neurotic symptoms we asked e.g. for pavor nocturnus, enuresis and nail biting.

Patients in Psychiatric Therapy

Table 5.

Group I: (39 patients)	
Psychiatric therapy in the past or at time of investigation	19 patients (48.7%)
Depression in the past or at time of investigation	23 patients (59.0%)
Group II: (16 patients)	
9 patients have been seen in the Psychiatric Out-Patient Clinic or in the Psychiatric In-Patient Clinic of Basle; 2 more patients had been hospitalised in another Psychiatric Clinic.	
Psychiatric therapy in the past or at time of investigation	11 patients (68.7%)

In certain contrast to these findings were the answers to the question: "Do you feel mentally and physically healthy now?" Of 39 patients 25 (64.1%) answered the question as to their mental health with a clear "yes"; 7 (17.9%) replied "yes", but with certain restrictions, for instance "I'm very forgetful of late"—"I'm trembling inside"—"I'm overweight" or "not bad, but not good either". Only 7 (17.9%) of the women answered the question as to their mental well being with a clear "no". This result is the more surprising as 23 (59.0%) patients showed clear symptoms of depression at the time of investigation. The depressive symptoms are independent of the following nosological groups:

Nosologically the 55 patients (group I and II) belong to the group of borderline personalities and narcissistic personality disorders—narcissistic neuroses in the sense of Battegay (1977)—apart from 6 (10.9%) patients who suffered from psychoses. (Schizophrenia or schizophrenia-like psychoses that could not clearly be identified as such.) Schaffer et al. (1982) point out that the diagnosis "borderline" is quite common among artefact patients. Koblenzer (1983) reports similar results in saying that many of the artefact patients "have a borderline personality structure".

Self-Esteem and Dreams

One of the questions we asked in order to give us a lead for the diagnosis of narcissistic personality disorder (narcissistic

neurosis) was the following: do you believe (or do others believe) that you feel easily offended or vexed? Of the 39 female patients 16 (41%) answered this question with yes. In order to investigate the specificity of our results we compared the dermatitis artefacta group with a group of 35 breast tumour patients (an investigation that was carried out for other reasons). Of this control group with a benign or malignant tumour of the breast 6 women (17.1%) answered the same question with yes. For the question concerning feelings of inferiority no significant difference between the two groups could be found: Among the 39 women with dermatitis artefacta 19 (48.7%) answered the question concerning feelings of inferiority in the past or at present with yes (always or sometimes). In the group of breast tumour patients 15 (42.9%) of the 35 women answered the question with yes.

Another interesting question concerned the dreams the patients had as a child or as an adult. Among the 39 female patients (group I) 20 (51.3%) remembered some dreams or certain motives of dreams. Among these 20 patients 16 (80.0%) mentioned dreams of fear or anxiety; 5 women (31.2%) among the anxiety and fear dream group mentioned the motif of fall or impending fall from a height. In the group of the breast tumour patients 23 (65.7%) of the 35 patients mentioned dreams; 16 (69.6%) had dreams of fear and anxiety, but only 2 (12.5%) women mentioned the motif of fall or impending fall from a height.

Psychological Test Investigations

The Colour Pyramid Test (CPT) (Heiss and Halder 1975) conveys information on affective stability, emotional maturity, various ways of emotional experience, on adaptation and on affective disturbances. The CPT can also give information on depressive reactions, intrapsychic tensions and on how a person deals with aggressive impulses.

The Rosenzweig Picture-Frustration Test (Rosenzweig 1945; Rauchfleisch 1979) is a projective technique for the assessment of frustration tolerance and of how a person reacts to conflict situations (for instance whether he or she resigns, turns the aggression against the environment, makes demands on someone else or behaves autoaggressively).

The 39 female artefact patients investigated by us yielded a remarkably homogeneous picture in both tests. The CPT showed that all patients were under great intrapsychic tension, mainly of an aggressive kind, and suffered from depressive feelings. In general, the expression of these emotions was hardly possible for them. The Rosenzweig Picture-Frustration Test yielded that in conflict situations the artefact patients showed a lack of self-assertion. Their aggressive impulses are blocked to a large extent, and they are only expressed in the form of autoaggressivity, which in some cases was extreme. Their frustration tolerance is low and they want unpleasant situations to be solved immediately. This reaction pattern deviates distinctly from the behaviour of normal controls and from that of neurotic patients.

Based on the psychological test investigations, it can be said that artefact patients are under considerable depressive-aggressive tension, without having the possibility to express it or to handle their emotions and impulses in an adequate manner. Artefacts could be interpreted as the expression of intrapsychic tension, which cannot be expressed in any other way (Rauchfleisch et al. 1983).

Janus (1972) found, especially in younger artefact patients, masochistic traits with a tendency to self-abasement and self-tormenting. Rechenberger and Rechenberger (1971) regarded the maintenance of the symptom (artefact) as a conflict of submissiveness and aggressivity, that is in the impossibility to act out the two emotions simultaneously.

Discussion

In our study the male/female ratio was 1:4.9, in the patients who attended for the follow-up examination it was 1:13. All authors agree that in artefact patients women prevail considerably in number over men (Beek 1953; Carney and Brown 1983; Fabisch 1980; Friderich 1950; Gumbel 1934; Haenel et al. 1982; Janus 1972; Lindemayr 1980; Lyell 1976; Vakilzadeh and Bröcker 1981; Whitlock 1976; Wilhelm and Hertel 1961; Zaidens 1951).

Dermatitis artefacta may be considered as a masked suicidal act. In this context, Wilhelm and Hertel (1961) refer to suicide as the extreme variant of artefacts. Waisman (1965) calls the artefact a "partial suicide", Menninger (1978) calls it "focal suicide". Of our 55 female patients 14 had one or several suicide attempts in their history (25.4%). This percentage is far higher than in the normal population. Dermatitis artefacta is the expression of autoaggressive impulses and is frequently produced by depressed women. Of 39 female patients (group I) 59% had a depression at the time of investigation or had undergone depression in their past history. In the cited literature the percentage of women suffering from depression is rarely indicated. If depression is mentioned, it is only in a general sense without an exact number or percentage. Like suicidal acts, artefacts often represent a cry for help. They are meant (often unconsciously to the patient) to draw the environment's attention to the fact that the patient is in an inner conflict situation which seems unsolvable to her. The high percentage of women with anamnestic suicide attempts shows that the artefact may be followed, although sometimes years later, by a suicide attempt, or reversely, that a suicide attempt is later substituted by an artefact. Nevertheless, dermatitis artefacta does not mean a suicidal act in the sense of "pars pro toto", i.e. that a suicide is always prevented. Often a suicide is only prevented for a certain time or is postponed. Battegay (1965) showed that a suicide attempt among addicts on average occurs later in life than among other suicide attempt-populations: the suicide attempt is postponed. The addiction can be understood as an equivalent of a suicidal act. Of the 3 men that died (Table 1), 2 died from suicide. Depressives, persons after suicide attempts, and drug abusers or addicts, who are all overrepresented in our study, belong to the risk groups for suicidal acts (Pöldinger 1980). Ross (1983) showed recently in an investigation of female adolescents with self-mutilatory behaviour that artefacts can also be produced in the frame of a group. Jones (1983) reports a young mother who abused the face of her baby in the form of factitious skin lesions. These lesions were of the same nature as the mother's on her forearms and legs.

In the clinical investigation it became evident that a greater number of the patients (64%) has suffered from one or more stressful events in their childhood. Most of the patients were living in difficult circumstances in adult life (for instance disrupted marital relations, or being and feeling alone). Very often, these women are not capable of finding a way out of their unpleasant situation. Almost half of the women (48.7%) of group I had been or were at the time of investigation in psychiatric care. In group II, 68.7% had been or were in psychiatric care. The high percentage of suicide attempts, of

accidents and operations, especially hysterectomies, and the psychological test investigations show that artefacts are the expression of partly unconscious autoaggression in mostly severely disturbed personalities. Post-hysterectomy women, who are overrepresented in our study, tend to be depressive (Lehtinen 1977). According to Zaidens (1951), artefacts are the expression of repressed anger, of hostility against authorities and of self-punishment. Musaph (1969) comments: "All cases of factitial dermatitis... are mentally disturbed patients in need of psychiatric aid."

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